The femur was then drawn down to its normal position and a plaster cast applied. Some weeks later she returned to Santa Barbara and came directly under my professional care at the Cottage Hospital. The cast was worn for a period of two and a half months, and removed; the bone in the meantime having become sufficiently solid to maintain its position, and resist muscular contraction, but presenting a considerable degree of enlargement from the juncture of the middle and lower third, to the knee.

A posterior moulded felt splint was employed for some time thereafter as a safeguard to the bone, when the patient was moved to and from the wheel-chair. For the past four months, very little pain has existed in this bone, which for a time bore the brunt of the disease, but the bones of the left pelvis have shown signs of degenerative change, by tenderness, pain, and swelling over the left sacroilliac juncture, compelling the patient to lie upon the right side continually; the pains migrating from the sacrum to the left femur and to the left fibular region, often appearing suddenly and intensely after many hours of comparative ease.

During these months of suffering there has been a constant loss of weight, until the patient has become very greatly emaciated. The digestive organs have been greatly impaired, nausea and vomiting often interfering with nutrition for days, and the treatment has been symptomatic and palliative, consisting largely in an effort to keep the nutritive powers up to the highest possible standard, and secure rest to the patient as far as possible without resort to morphia, save at intervals of several days when all other remedies failed to relieve.

The prognosis in this case, as in a great majority of these cases existing in the non-puerperal female, is unfavorable.

FRACTURES OF THE ANATOMICAL NECK OF THE HUMERUS WITH REPORT OF A CASE.*

By T. L. LOOFBURROW, M. D., Eureka.

FRACTURES of the head and anatomical neck of the humerus are usually met with in children, no doubt due to the epiphyseal cartilaginous union existing in these parts in childhood; while in the adult fractures of the surgical neck are more common. However, fractures of the anatomical neck are sometimes met with, and are almost invariably due to direct violence. The diagnosis of these fractures is sometimes very difficult except by the aid of the fluoroscope, and even then the cartilaginous union existing in childhood may lead us to a wrong conclusion.

It is a well known fact that impaction of the fragments in fractures of the anatomical neck may and often does occur; we should therefore be very careful in using force or extended manipulation in determining the character of the injury, it being a much safer plan to treat all such injuries, when in doubt, as fractures. Fractures in this locality, as usually met with, are transverse in character, but when impaction occurs we generally have also a longitudinal fracture.

My experience with fractures of the anatomical neck, although limited, is that when impaction occurs union is the rule, and a very useful arm the result, while without impaction, absorption or necrosis of the detached head frequently occurs; union being the rule, however, if the head has been restored to and retained in its proper place on the shaft.

In the treatment, the head of the bone, by careful manipulation, is restored to its proper place, a well fitting axillary pad is applied to prevent the head slipping inward, the whole arm bandaged from the fingers upward to prevent edema, the elbow supported by a bandage which also confines it to the side and a little back of the axillary line and finally a well fitting shoulder cap made of leather, wood-fibre or any material preferred. Frequent passive motion of the elbow, wrist, and fingers should be begun early to prevent stiffening of these joints, but the shoulder should be kept securely immobilized and the bandages continued for at least 5 or 6 weeks, then the cap may be removed and gentle massage and slight passive motion employed daily, re-applying the cap and bandages for at least 2 weeks longer when the elbow may be freed, and voluntary movements begun in about 8 weeks.

*Read before the Humboldt County Medical Society.

The after-effects of these injuries are often very discouraging to the patient, because of the slow, restoration of function, constant aching pain, worse at night and upon the approach of storms, which condition exists for weeks after the apparent union of the fracture. This condition in my experience is best relieved by the use of hot-air, massage, or mechanical vibration and galvanism. Should the patient give a history of rheumatism, a graduated alkaline medication will assist very materially in restoration of function. The case which I wish to report at this time has been of particular interest to me, not only because of the unique way in which the injury was received, but the complications which followed and the result obtained by treatment.

On the 2nd day of September, 1904, Mr. C. B., aged 35 years and very muscular, called at my office with his right arm in a sling complaining of considerable pain in his shoulder. Upon inquiry I elicited the following history: On or about the 1st of January, 1904, the patient, while driving a bunch of cattle across a mountain stream, attempted to throw a good sized rock far out into the water to turn a rebellious steer which was swimming down stream, and in making the effort something appeared to give away in his shoulder and his arm dropped to his side, causing him intense suffering in the shoulder. He immediately went home and in a few days was examined by a physician, who, not being able to detect crepitation, gave it as his opinion that the shoulder was merely sprained and recommended hot fomentations with arnica. The patient seemed to improve slowly until at the end of two months he was able to do some work about the shop, he being a blacksmith by trade.

A few days later while carrying a 5-gallon can of oil he shifted the can to his injured arm, when something again gave away in his shoulder and he was unable to use the arm afterward without causing intense suffering. From that time up to the time he called at my office he suffered a constant aching in the shoulder, worse at night, in fact had not had a good night's rest for 8 months.

He was anesthetized and upon examination I detected crepitation, when I formed the opinion that he had a fracture of the surgical neck and advised him to go to the hospital and undergo an operation for its relief, explaining to him, however, that on account of the age and location of the fracture, caries of the head of the bone might be present and if so currettage or resection would be necessary. Some of his friends not being satisfied requested that an X-ray picture be taken. Nine different exposures were made but the results were not satisfactory; he therefore entered the hospital on September 19th, was prepared in the usual way and at 9 A. M. on the 20th was anesthetized and an incision made extending from the acromion process directly down the arm parallel with the fibres of the deltoid for a distance of 8 inches, the tissues divided to the bone, when the fracture was found to be infra-capsular, the capsule being intact. An incision was made through it and about eight ounces of disorganized tissue turned out, the end of the shaft of the bone being in a necrosed condition, the periosteum was stripped off and the bone divided with a chain saw at a point about 5 inches down the shaft. The capsule and what remained of the head of the bone were carefully desected out and the cavity irrigated with 1 to 3000 bichloride solution, drainage provided at the deepest portion, which was behind and to the outer side of the end of the bone, and a second tube inserted at the anterior and lower angle of the incision. The wound was then closed throughout with cat-gut and dressed with gauze pads, the forearm being bandaged across the abdomen. The application of rubber tubing in the axilla and over the clavicle and scapula made the operation practically bloodless; the patient was returned to the ward in a good condition.

The temperature being normal and the patient in good spirits the dressing was not disturbed until the morning of the 4th day when the wound was irrigated with lysol solution and redressed as before. This was repeated daily until the morning of the 7th day, when the arm was found to be somewhat swollen and angry looking, the patient complaining of some pain and restlessness. The temperature being 100°, the wound was irrigated with hot acetozone solution and a hot bichloride compress applied. In the evening of the same day the nurse phoned me that the patient's temperature was 104° and he appeared very nervous. I immediately called, removed the dressing and found the arm greatly swollen and edematous. Believing there must be a pus cavity, I removed a few stitches and opened the wound to the bone when a large quantity of pus escaped. The wound was left open and irrigated with a hot acetozone solution and a hot compress of the same solution covered with rubber-tissue applied to the arm. The next morning the temperature had dropped to normal and the swelling much reduced. This treatment was continued for the next 3 weeks when the patient was able to leave the hospital and report at the office for dressing. Six weeks after the operation the wound was healed throughout and the patient was contemplating going home when one night, a week later, he was attacked with a heavy chill and when he called at the office the next

morning I discovered fluctuation in the line of incision and being satisfied that the end of the bone had again broken down I sent him back to the hospital and a second operation was done. At this time all the diseased tissue that could be found was removed, the wound left open, and the cavity packed with iodoform gauze.

The patient rallied nicely and everything seemed to be progressing favorably until the morning of the 3rd day when he suffered a severe chill. I therefore removed the dressing, irrigated and repacked the wound, which by the way appeared to be doing nicely and I was unable to account for the chill. The patient passed a very restless night and the next morning upon removing the dressing I discovered an irruption on his shoulder resembling erysipelas, the temperature being at this time 105°. In the afternoon of the same day Dr. Felt saw the patient with me and was satisfied that erysipelas had developed. He was immediately put on iron and quinine, his bowels moved thoroughly and the irruption covered with an ointment of icthyol and resorcin and covered with oil-silk.

The irruption gradually spread in spite of caustics and hypodermics of carbolic acid around the infected area, until the whole back and down to his knees was involved. The irruption slowly disappeared from above as it spread downward, and the temperature ranged between 101° and 106° until the 14th day of its appearance, when the temperature gradually came down. At the end of the 3rd week the temperature was normal and the irruption had disappeared; the arm in the meantime appeared to do very nicely.

Three days after the disappearance of the irruption from the body, an irruption appeared on the arm in a pustular form, spreading gradually around the limb, this was treated as the other, with the exception that the pustules were cleansed with peroxide. This disappeared in 6 days, leaving the arm pitted as in variola.

From this time on the patient improved rapidly until 6 weeks after the second operation the arm was healed throughout and the patient returned to his home in the mountains very much improved in health, free from all pain, with almost perfect use of the hand and forearm and able to move the arm backward and forward and about 6 inches from the body. Could feed himself very handily and write letters.

A DEFENDER OF SECRET NOSTRUMS.

Last week we were favored by several manufacturing pharmacists with a copy of a letter they had received from the owners of the *New York Medical Journal*. The letter was practically the same in each instance, and evidently was sent to a large number of advertisers (but not to physicians, however, so far as we know). The letter is so unique that we reproduce it (Exhibit A)—not because there is any criticism on a journal asking for opinions of manufacturing pharmacists (for we publish above some opinions which the council itself solicited) but because the owners and not the editor ask for the opinions and because of the suggestions made as to the kind of opinions wanted. It is very much to the point that this letter was sent by the owners and not by the editor of a journal that is presumed to be published in the interest of physicians. Just why the editor's function was usurped by the owners of the journal we cannot understand, but we can readily appreciate why the advertiser's side of the question was recognized as the more important, when we realize that the owners are primarily advertising agents and publish a medical journal as a side line. As evidence of their status we reproduce the letterhead of the firm (Exhibit B). As a further reason for the *pro tempore* editors siding with the advertisers, it should be known that they also own a drug journal, which at one time was recognized as a high-class pharmaceutical publication. Under the present management, however, it has developed a decided leaning toward patent medicine and the Proprietors' Association, and is not pointed out as an exponent of the highest ideals in pharmacy. Furthermore, the owners, as far as we know, do not claim to be pharmacists, and we never heard that they posed as physicians; consequently when they assume to edit a medical journal they are not to blame if they do not see either the scientific pharmacist's side of the question, or the physician's. Then, again, there is more money in a journal with a small circulation and with a large advertising patronage than the reverse, and in such cases it may pay from a financial standpoint to cater to the advertisers. Therefore, taking it all in all, it can be readily understood why the temporary editors temporarily forgot that they were temporarily acting as editors of a journal that, nominally at least, represents physicians and not secret nostrum manufacturers.

There was a time when the *New York Medical Journal* held a high position among medical journals of this country. It stood for the ideal in medicine and for the profession it represented. But that was when it was owned by the Appletons; when Dr. Frank P. Foster was editor in fact, and who, as such, would not have advocated in its editorial pages secrecy in medicine.—*Journal A. M. A., March 25, 1905.*

NEW YORK MEDICAL JOURNAL
AND PHILADELPHIA MEDICAL JOURNAL
A. R. ELLIOTT PUBLISHING CO.
66 West Broadway, N. Y.

New York, March 14, 1905.

Chicago, Ill.

Gentlemen:

Regarding the recent action of the American Medical Association we beg to say:—

Most sane persons are disposed to regard the personal property which their exertions have created as peculiarly their own; and any suggestion that they part with it would probably be treated with derision.

This seems, in essence, to be what the American Medical Association demands in its new rules about proprietary preparations. To comply with the new requirements would be to make your products common property. By furnishing the information demanded you would enable pirates to affirm that their spurious imitations were made in accordance with the published formulas of the association.

Refusal to be mandamused out of your property will result in the exclusion of your advertisement from the association's journal. Also it will exclude you from the proposed book of non-official remedies. Very many others will be excluded for the same reason, and the book consequently will be incomplete.

We therefore offer you space in the New York Medical Journal for a brief expression of your views on this important matter, and shall be very glad to hear from you at your earliest convenience. Very respectfully yours,

A. R. ELLIOTT, President.

(Exhibit A.)

Druggists' Working Time Limited.

At the last session of the legislature a bill was passed, subsequently signed by the Governor, limiting the hours of employment of those who mix and sell drugs. A maximum of 10 hours per day, or 60 hours in any 6 consecutive days, is fixed as the limit, and the penalty for violation is a fine of not less than $20.00 nor more than $50.00; or imprisonment for not exceeding 60 days; or both. The bill seems to have been prepared in conference between the association of druggists and the association of clerks, and is apparently a good law.

Annual Meeting of the American Proctologic Society.

The seventh annual meeting of the American Proctologic Society will be held at Pittsburgh, Pa., May 5th and 6th. The Hotel Henry has been selected as the place of meeting. The names of men prominent in the profession appear upon the program, which undoubtedly will be a good one.